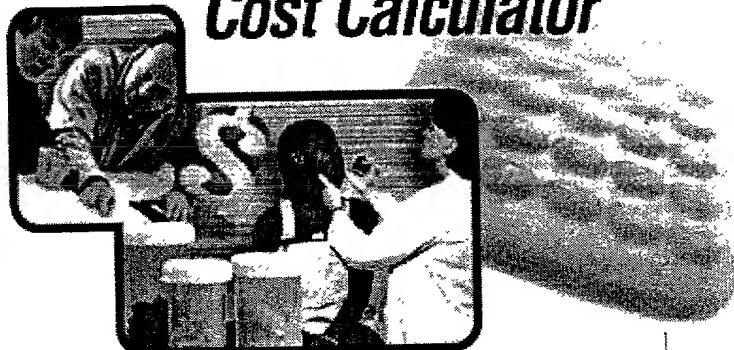


12 Health

Cost Calculator



42 1 Introduction

2 Tell us about yourself

3 Learn about basic cost and benefits

4 Consider how much care you may need

5 Compare your costs

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46 48 50 38 32 40

Have you ever tried to estimate how much you are likely to spend on health care next year? The **Health Cost Calculator** can help! **Just follow the five easy steps on the left.**

The **Health Cost Calculator** will help you to estimate how much each of the three health plans available to you may cost over the next year. All you have to do is provide a little bit of information about yourself and your family in order to receive personalized estimates.

Click on Step 1 to begin.

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email your questions or comments

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FIG. I

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Health Cost Calculator

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Health Cost Calculator

RAND

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The **Health Cost Calculator (HCC)** is a tool that will help you to compare your total costs for medical care in different health plans. This tool may make it easier to find the plan that you consider best for you and your family.

The HCC estimates the total annual health costs for five levels of health need in the three plans available to Company X employees. These estimates represent average costs for families similar to yours (in terms of number of members, your age and your gender). Of course, your actual health costs may vary from these estimates, depending on how much care you and your family need and how much care you receive out-of-network. For this reason, the HCC is best used as an indicator of how your total costs in each plan could vary, depending on your level of need and where you receive care.

*Click on **Step 2** to continue.*

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Fig. 2

Health Cost Calculator



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Tell us about yourself

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The Health Cost Calculator uses information about the size and composition of your family to create personalized estimates of your health care costs for the next year. This program will not save or use any of the information you provide below for purposes other than generating your cost estimates during this session.

74

Please indicate which of the following people in your family besides yourself will be covered by your health plan:

68

Spouse/Partner	<input type="radio"/> Yes <input type="radio"/> No
Other Adult	<input type="radio"/> Yes <input type="radio"/> No
Children Please indicate the number of children covered	<input type="radio"/> Yes <input type="radio"/> No

78

80

90

Click to **SUBMIT** your answers

82

- Children under age 19, unmarried children under 24 if they are full-time students, and older children if they are disabled.

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FIG 3a

Health Cost Calculator



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Tell us about yourself

RAND

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The **Health Cost Calculator** uses information about the size and composition of your family to create personalized estimates of your health care costs for the next year. This program will not save or use any of the information you provide below for purposes other than generating your cost estimates during this session.

90

FIG 3b.

What is your **sex**?

Select here ▾

70

What is your **age***?

Select here ▾

72

Will your **spouse/partner** be covered by your health plan?

Not applicable ▾

80

How many **children**** will be covered by your health plan?

0 ▾

80

82

Click to **SUBMIT** your answers

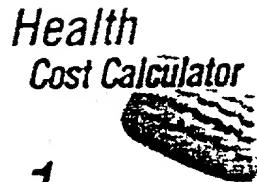
* This tool is not intended for people over age 65 because they are eligible for MediCare.

** Children under age 19, unmarried children under 24 if they are full-time students, and older children if they are disabled.

email your questions or comments

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Tell us about yourself

R

Please indicate the **sex** and **age** for each person covered by your health plan:

	Sex	Age
Youself	<input checked="" type="radio"/> Female <input type="radio"/> Male	70
Spouse/ Partner	<input checked="" type="radio"/> Female <input type="radio"/> Male	72
Child #1	<input checked="" type="radio"/> Female <input type="radio"/> Male	90

Click to SUBMIT your answers

email your questions or comments

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FIG 4a

Health Cost Calculator



- 1** Introduction
- 2** Tell us about yourself
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- 5** Compare your costs

TEST PAGE - Guidelines

Tell us about yourself

RAND

The information you have entered indicates that the following people are covered by your health plan:

- Yourself 94
- 1 child

Click here if this information is

CORRECT

84

(You will be taken to Step 3)

92

Click here if this information is

INCORRECT

86

(You will be returned to the beginning of Step 2)

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FIG. 4b

Health Cost Calculator



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Tell us about yourself 38

Please indicate the **medical history** of each person covered by your health plan by checking the appropriate boxes below:

98

Medical Conditions

<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 8	<input type="checkbox"/> Condition 15
<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 9	<input type="checkbox"/> Condition 16
<input type="checkbox"/> Condition 3	<input type="checkbox"/> Condition 10	<input type="checkbox"/> Condition 17
<input type="checkbox"/> Condition 4	<input type="checkbox"/> Condition 11	<input type="checkbox"/> Condition 18
<input type="checkbox"/> Condition 5	<input type="checkbox"/> Condition 12	<input type="checkbox"/> Condition 19
<input type="checkbox"/> Condition 6	<input type="checkbox"/> Condition 13	<input type="checkbox"/> Condition 20
<input type="checkbox"/> Condition 7	<input type="checkbox"/> Condition 14	

100

Youself

<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 8	<input type="checkbox"/> Condition 15
<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 9	<input type="checkbox"/> Condition 16
<input type="checkbox"/> Condition 3	<input type="checkbox"/> Condition 10	<input type="checkbox"/> Condition 17
<input type="checkbox"/> Condition 4	<input type="checkbox"/> Condition 11	<input type="checkbox"/> Condition 18
<input type="checkbox"/> Condition 5	<input type="checkbox"/> Condition 12	<input type="checkbox"/> Condition 19
<input type="checkbox"/> Condition 6	<input type="checkbox"/> Condition 13	<input type="checkbox"/> Condition 20
<input type="checkbox"/> Condition 7	<input type="checkbox"/> Condition 14	

Spouse/ Partner

<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 8	<input type="checkbox"/> Condition 15
<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 9	<input type="checkbox"/> Condition 16
<input type="checkbox"/> Condition 3	<input type="checkbox"/> Condition 10	<input type="checkbox"/> Condition 17
<input type="checkbox"/> Condition 4	<input type="checkbox"/> Condition 11	<input type="checkbox"/> Condition 18
<input type="checkbox"/> Condition 5	<input type="checkbox"/> Condition 12	<input type="checkbox"/> Condition 19
<input type="checkbox"/> Condition 6	<input type="checkbox"/> Condition 13	<input type="checkbox"/> Condition 20
<input type="checkbox"/> Condition 7	<input type="checkbox"/> Condition 14	

Child #1

<input type="checkbox"/> Condition 1	<input type="checkbox"/> Condition 8	<input type="checkbox"/> Condition 15
<input type="checkbox"/> Condition 2	<input type="checkbox"/> Condition 9	<input type="checkbox"/> Condition 16
<input type="checkbox"/> Condition 3	<input type="checkbox"/> Condition 10	<input type="checkbox"/> Condition 17
<input type="checkbox"/> Condition 4	<input type="checkbox"/> Condition 11	<input type="checkbox"/> Condition 18
<input type="checkbox"/> Condition 5	<input type="checkbox"/> Condition 12	<input type="checkbox"/> Condition 19
<input type="checkbox"/> Condition 6	<input type="checkbox"/> Condition 13	<input type="checkbox"/> Condition 20
<input type="checkbox"/> Condition 7	<input type="checkbox"/> Condition 14	

Click to **SUBMIT** your answers

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FIG 5



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care you may need

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Learn about basic cost and benefits

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RAND

Overview

Most health plans have two types of costs: **premiums** and **out-of-pocket** costs. Premiums are the amount you pay each month after any contribution made by your employer. Out-of-pocket costs are the amount you pay for using health care services under the plan (e.g., deductibles, copayments, and coinsurance).

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Out-of-pocket costs are harder to compare across plans than premiums, because while premiums are fixed, out-of-pocket costs depend on:

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- How often you access services
- How the plan covers services
- Which providers you use (are they in-network or out-of-network?)

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FIG. 6



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yourself

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cost and benefits

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care you may need

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Coinsurance

The employee's share of the medical expenses after satisfying the deductible. Co-insurance is usually expressed as a percentage.

Copayment

A nominal, standard fee charged to HMO members for each office visit or prescription.

Deductible

A fixed dollar amount the member must pay before the health care plan begins to cover costs.

Premium

A monthly fee that employers and/or employees pay for health insurance.

Total Expenditure

Your cost plus costs covered by the health plan.

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Learn about basic cost and benefits

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3c

FIG. 8

Out-of-pocket costs depend on how often you access services

Each time you visit the doctor or use some other service, you have to pay for that service.

HMO	You pay a small amount each visit, called a copayment .
PPO	<p>What you pay depends on whether you see a provider in-network or out-of-network. If you see a provider in-network, you will have to pay a copayment with each visit. If you see a provider out-of-network, the plan pays according to the following rules:</p> <ul style="list-style-type: none"> • The plan pays only after you have paid a certain amount, called the deductible, out of your own pocket each year. • The amount of the deductible can vary from plan to plan. (\$250 for each person covered is a typical amount.) • After you reach the annual deductible, the plan pays a fixed proportion of covered charges over that amount. (80% is a typical amount, but it could be 50% to 100%.) • The proportion that you pay is known as the coinsurance.

Many plans set a **maximum out-of-pocket cost**, the maximum amount you have to pay out of pocket during the year. There may be a separate maximum for each family member, a larger overall maximum for the family as a whole, or both. Once your covered medical expenses during a year exceed the maximum (subject to certain exclusions), the plan pays 100% of the remaining covered charges for the year.

The maximum out-of-pocket cost is the most you have to pay in a bad year, when you and your family use a lot

Health Cost Calculator



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Learn about basic cost and benefits

Out-of-pocket costs depend on how the plan covers services

Most plans will cover some of the cost of hospitals, doctor visits, and prescription drugs. Some plans will cover a portion of other services, such as home health care, home nursing care, or mental health services. Ideally, you want a plan that offers the coverage you need at a cost you can afford. But you may have to consider tradeoffs.

- Choose a plan that covers the costs of any major expenses.
- Think about medical services that you're likely to need and those that would be difficult to pay for if they weren't covered by the plan (e.g., hospitalization).
- You may wish to choose a cheaper plan that doesn't cover certain services that you don't expect to use or whose costs you can handle.
- Check to see if the plan covers any special medical needs that you or your family have (e.g., well-baby care, allergy therapy).

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Limitations and Exclusions

Plans often have different limitations on and exclusions of certain types of services, such as out-of-hospital care, non-emergency care, preventive care, and so on. Check the exact limits of coverage.

Many plans also set annual or lifetime limits on coverage of some services or conditions, such as alcohol and drug treatment, mental health services, or specialized services such as physical, speech, or occupational therapy. If you or your family may need these services, it's important to consider the precise limits on coverage when choosing a plan.

FIG. 9

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Learn about basic cost and benefits

Out-of-pocket costs depend on which providers you use (in-network or out-of-network)

How much you pay for services can depend on whether you use doctors and hospitals that are part of the health plan's network.

40

- HMOs have a network. You must use the network, and you must obtain a referral from your primary care physician in order to see a specialist. If you go to a doctor or hospital outside the network, or see a specialist without a referral, the plan won't pay.
- PPOs have a network. You will pay less if you use doctors and hospitals that are part of the plan's network and more if you go outside the network.

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FIG. 10

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Learn about basic cost and benefits

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Premiums

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The table below shows your *monthly* contribution to the premium in the plans available to you. The highlighted column is based on health plan coverage for the following people: **yourself, your spouse/partner, and 2 children**.

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Plan Name	Self	dependent	2 or more dependents
PPO	\$0	\$117.25	\$234.06
Staff-Model HMO	\$0	\$45.89	\$89.98
Mixed-Model HMO	\$0	\$40.95	\$75.90

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* a dependent is a spouse, domestic partner, and/or children

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FIG. 11

Health Cost Calculator



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Learn about basic cost and benefits

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Benefits tables

The links below provide you with information about the benefits offered by the health plans available to you -- a summary table comparing the basic benefits of the three plans, and three brochures with detailed descriptions of the benefits offered by each plan.

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- 40

- [Summary of plan benefits](#)
- [Basic benefits of Staff-Model HMO](#)
- [Basic benefits of Mixed-Model HMO](#)
- [Basic benefits of PPO](#)

The tables are PDF files that can be downloaded. You must have Adobe Acrobat Reader Version 3.0 or higher to read the PDF files. This Reader [can be downloaded](#) free of charge from the Adobe website.

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FIG. 12

COMPARISON OF HEALTH PLAN BENEFITS*

BENEFITS	PPO	MIXED MODEL HMO	STAFF MODEL HMO
CONCEPT	The <u>PPO</u> Plan protects you and your family against large-out-of-pocket medical expenses. You can select a licensed physician anywhere in the world. If you choose to use the PPO network physicians and facilities, your costs are lower. You may also access out-of-network providers and pay more.	MIXED MODEL HMO is a pre-paid community health plan that emphasizes preventative medicine. Routine services are provided only by Mixed Model HMO facilities or contracting providers. Out-of-area emergency care is covered.	STAFF MODEL HMO is a health care services plan providing services directly in its own hospitals and medical offices. Out-of-area emergency care is covered.
MAXIMUM BENEFIT	UNLIMITED		
ANNUAL DEDUCTIBLE	\$300/PERSON, \$900/FAMILY		
DOCTOR'S VISITS			
OFFICE	In-Network, after deductible \$10 charge for office visit. 15% copayment for all other charges to \$2000, then 100%.	\$10 charge each visit. Unlimited visits No Charge	\$10 charge each visit No Charge
HOSPITAL		Out-of-Network, after deductible 30% copayment for all charges to \$4000, then 100%	
PREVENTATIVE CARE			
PERIODIC PHYSICAL EXAM	In-Network - \$10 charge each office visit, deductible waived	\$10 charge each office visit	\$10 charge each visit
WELL BABY CARE	In-Network - \$10 charge each office visit, deductible waived Out-of-Network - 30% copayment up to \$20 for each visit	\$10 charge each office visit	\$10 charge each visit
IMMUNIZATION/INOCULATION	In-Network - No Copayment Out-of-Network - 30% copayment up to \$12 for each immunization	No Charge	No Charge
EYEGLASS/EXAMINATION	NOT COVERED	\$5 charge each office visit	\$5 charge each visit

FIG 13 (part 1)

HOSPITAL SERVICE			
ROOM AND BOARD	In-Network, after deductible 15% copayment \$1000 if precertification not obtained	No Charge for semi-private room. Unlimited number of days; no dollar limit.	No Charge for semi-private room
SURGERY	Out-of-Network, after deductible 30% copayment \$2000 deductible (waived for emergency admission)	No Charge No Charge	No Charge No Charge if authorized by Mixed Model HMO.
INTENSIVE CARDIAC CARE			
SPECIAL DUTY NURSING			
OTHER HOSPITAL SERVICES/SUPPLIES	No Charge	No Charge	No Charge
X-RAY AND LAB TESTS	No Charge	No Charge	No Charge if authorized by Staff Model HMO
AMBULANCE			
PREScription DRUGS	In-Network, after deductible \$7 per generic prescription \$12 per brand prescription \$11 per mail-order prescription – generic or brand 90 day supply	\$5 per generic prescription \$5 per formulary brand prescription \$25 per non-formulary brand prescription	\$7 per prescription.
	Out-of-Network, after deductible 30% copayment		
EMERGENCY MEDICAL SERVICES	In-Network, after deductible 15% copayment	\$25 copayment, waived if admitted to hospital	Normal co-payments if in Staff Model Facility.
	Out-of-Network, after deductible 30% copayment		*Refer to Disclosure Form/Evidence of Coverage for NON-Staff Model facilities
EXTENDED CARE FACILITY	In-Network, after deductible 15% copayment	Up to 100 days per calendar year in an authorized facility	Up to 100 days per calendar year in an authorized facility
	Out-of-Network, after deductible 30% copayment		
	Up to 100 days per calendar year when pre-authorized		

HOME HEALTH SERVICES	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment Up to 100 visits per calendar year when pre-authorized. Not covered when receiving Hospice benefit. Hospice Care - 20% copayment, \$7,500 lifetime max.	\$10 copayment	No Charge for Home Health or Hospice
HEALTH EDUCATION	Not Covered	No Charge	\$10 per visit
MATERNITY	Covered the same as other physician and hospital services	No Charge	No Charge
HOSPITAL		\$10 Charge each office visit.	\$10 Charge each office visit.
OBSTETRICS		\$10 Charge each office visit.	No Charge
UNPLANNED INTERRUPTION OF PREGNANCY			No Charge
ALLERGY TESTING	In-Network, after deductible \$10 charge for office visit. 15% copayment for all other charges to \$2000, then 100% Out-of-Network, after deductible 30% copayment for all charges to \$4000, then 100%	\$10 charge each office visit.	
CORRECTIVE APPLIANCES	In-Network, after deductible 15% copayment Out-of-Network, after deductible 30% copayment Billed By Supplier 20% copayment Benefits limited to \$3,500 for each calendar year. No limit for prostheses following mastectomy or laryngectomy	No Charge includes hearing aids.	Not Covered except for heart pace- makers, hip joints, and prosthesis for mastectomy.
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES			

F1513 (part 1)

F1513

HOSPITAL		No Charge - 45 days per disability	No Charge - 45 days per calendar year
In-Network, after deductible 10% up to \$175 each day	Out-of-Network, after deductible 30% up to \$175 each day		
NON-HOSPITAL	In-Network, after deductible 10% up to \$25 per visit	One Evaluative Visit at \$10. You pay \$20 each visit for next 20 visits.	No Charge for first 20 outpatient visits per calendar year. \$10 each additional visit. Group therapy charges are reduced.
	Out-of-Network, after deductible 30% up to \$25 per visit		
PREFERRED PROVIDER	\$2000 extra deductible for failure to use preferred provider	50% co-payment for hospital and physician	No Charge for individual or group therapy. Hospitalization for medical management of withdrawal costs same as hospitalization for any condition.

*This brief overview does not replace the summary of benefits available from providers or Summary Plan Description available from your Benefits Office.

11613 (Part 4)

Health Cost Calculator



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- 4 Consider how much care you may need
 - Overview
 - Estimating your level of health use
 - Levels of health use
- 5 Compare your costs

Overview

Your out-of-pocket costs depend on how much health care you and your family will use. Anticipating your level of health use can be difficult. You may find it helpful to consider the following questions:

- What health care did you and your family use last year?
- What health care are you certain that you and your family will use in the next year?
- What health care might you and your family use in the next year? (Consider any chronic conditions or other risk factors that you and your family may have.)

email your questions or comments

FIG. 14

Health Cost Calculator



Consider how much care you may need

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Estimating Your Level of Health Use

The table below can help you determine your family's level of health use typical year. Please enter a number in each table cell and then submit your answers. You may want to print this screen for future reference.

	Anticipated number of Medical Visits	Anticipated number of visits to the Emergency Room	Anticipated number of Hospital Admissions	Anticipated number of Prescriptions and Refills
• Yourself	3	1	0	2
• Your Spouse/Partner	3	0	0	2
• Child #1	3	0	0	2
• Child #2	3	0	0	2

* Visits to a primary care physician or specialists include all associated services (such as labs and x-rays)

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SUBMIT your answers

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smash@lesher.com

FIG 15

Health Cost Calculator



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Estimating your level of health use

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Consider how much care you may need

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Levels of Health Use

The table below provides five examples of levels of health use, ranging from **no use** to **very high use**. Read the table and think about which level of care you and your family are likely to use over the next year.

Based on your family's anticipated health use, your **estimated total expenditure** (your cost plus insurer's cost) is **\$2,500**. This puts your family in the **moderate use** category in the table below.

Examples of Typical Yearly Utilization for Five Levels of Health Care Use for Families Like Yours			
Levels of Health Care Use	Average Number of Services Used Each Year**	Total Expenditure (your cost plus covered costs)	Percent at Each Level of Use
No Use	Premium only No visits or prescriptions	\$0	24
Low Use	3 medical visits 0 emergency room visit 0 hospital admission 8 prescriptions and refills	\$1-1,000	26
Moderate Use	11 medical visits 1 emergency room visit 0 hospital admission 17 prescriptions and refills	\$1,001-3,000	24
High Use	20 medical visits 1 emergency room visit 0 hospital admission 28 prescriptions and refills	\$3,001-10,000	20
Very High Use	30 medical visits 2 emergency room visit 1 hospital admission 39 prescriptions and refills	> \$10,000	6

* Similar in terms of age, sex, family size, and medical conditions.

** The numbers provided in this table are totals for families like yours. The doctor visits, emergency room visits, and hospital admissions include all associated services, such as labs and x-rays.

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FIG 16

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*** Percent of families (or individuals) like yours at each level of use, based on a national sample of 1.8 million privately insured households.

email your questions or comments

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Health Cost Calculator



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- In-network costs
- Out-of-network costs
- Worst-case scenario
- For more information



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Compare your costs

R

In-Network Costs

The table below shows an estimate of your total annual cost for each health plan, for various levels of health care need. These estimates assume you and your family receive all of your care within the health plan's network. Based on your family's estimated level of health use, the **moderate use** category has been highlighted for you. Be sure to consider what your cost would be if you need more or less care.

For example, the number in the upper left corner - **\$2,533** - is the amount you would pay if you chose **PPO** and you didn't go to the doctor at all during the next year. In this case, you would only pay the annual premium, which is \$2,533. The number just above the number in the bottom right corner - **\$1,585** - is the amount you would pay if you chose **Mixed-Model HMO** and you needed a large amount of care during the next year. This amount includes the annual premium (\$900), plus \$685 for copayments and other expenses.

40

In-Network Costs for Families like Yours					
Level of Health Use	No Use premium only	Low Use	Moderate Use	High Use	Very High Use
PPO	\$2,533	\$2,763	\$3,285	\$4,099	\$5,726
Staff-Model HMO	\$1,008	\$1,093	\$1,230	\$1,379	\$1,552
Mixed-Model HMO	\$900	\$1,012	\$1,185	\$1,381	\$1,585
No insurance	\$0	\$606	\$2,547	\$8,092	\$35,136

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* Similar in terms of age, sex, family size, and medical conditions.

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Health Cost Calculator



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Compare your costs

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- Out-of-network costs
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Out-of-Network Costs

What if you use a doctor or hospital **outside of your plan's network?** PPO plans include out-of-network coverage as part of the benefit package. HMO plans, however, do not cover out-of-network care at all; if you go to a doctor outside the HMO network, you must pay all of the bills yourself.

The table below shows the costs associated with receiving all your care from out-of-network health care providers. For **PPO**, the table is based on the assumption that you use out-of-network providers, but that hospitalizations and outpatient surgery take place in network. For **Staff-Model HMO** and **Mixed-Model HMO**, the table is based on the assumption that all care is provided out-of-network (because these plans provide no regular out-of-network benefit). If you use a mix of in-network and out-of-network providers, your costs will fall somewhere between those shown in the Out-of-Network Costs table below and the In-Network Costs table on the previous page. In **PPO**, if you use out-of-network hospitals or outpatient surgery centers, your costs will be higher than those shown in the Out-of-Network Costs table below.

Based on your family's estimated level of health use, the **moderate use** category has been highlighted for you. Be sure to consider what your cost would be if you need more or less care.

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Out-of-Network Costs for Families Like Yours
Estimates of Your Family's Total Annual Health Care Costs If You Received All of Your Care Out-of-Network (not including hospitalizations, emergency room visits, pediatrics, or prescription drugs covered by your plan's deductible or coinsurance)

Level of Health Use	No Use premium only	Low Use	Moderate Use	High Use	Very High Use
PPO	\$2,533	\$2,969	\$3,950	\$6,093	\$12,651
Staff-Model HMO	\$1,008	\$1,667	\$3,711	\$9,311	\$39,806
Mixed-Model HMO	\$900	\$1,559	\$3,604	\$9,204	\$39,698
No insurance	\$0	\$659	\$2,704	\$8,304	\$38,798

* Similar in terms of age, sex, family size, and medical conditions.

FIG 18

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Health Cost Calculator



1 Introduction

2 Tell us about yourself

3 Learn about basic cost and benefits

4 Consider how much care you may need

5 Compare your costs

- In-network costs
- Out-of-network costs
- Worst-case scenario
- For more information



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Compare your costs

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Worst-Case Scenario

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What if you need more care than you expect? Health insurance is intended to protect you from the expense of major health problems. You should consider what might happen if you need significantly more health care than you expect.

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Look at the last two columns of the cost tables (High Use and Very High Use) to get an idea of how much each plan protects you against large expenses.

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FIG. 19

Health Cost Calculator

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5 Compare your costs

• In-network costs

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Compare your costs

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For More Information

You'll find basic information about covered services, limitations, exclusions, premiums, deductibles, copayments, and other costs in each plan's marketing brochure. These brochures can be obtained from Human Resources.

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Open enrollment ends November 15 and the new coverages you elect will be effective January 1, 2001.

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If you need information about your open enrollment options, please review the open enrollment kit that was sent to you earlier this month, review open enrollment information on HR's website, or call your Benefits Office.

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If you have questions about using this calculator, use the email link found on the bottom of the page.

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When you are finished using the HCC, use the ERASE ANSWERS button to delete your answers to the questions from Step 2.

ERASE ANSWERS

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FIG. 20

Health Cost Calculator



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• In-network costs

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38 Looking at cost by condition

In-Network Costs

The links below will take you to tables which show estimates of the total annual cost to treat different medical conditions in the plans available to you. These estimates assume you and your family receive all of your care within the health plan's network.

The medical conditions listed for each family member are those you entered in Step 2.

Person 1	Condition 1 Condition 2 Condition 3 Condition 4 Condition 5
Person 2	Condition 6 Condition 7
Person 3	no medical conditions

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FIG. 21

Health Cost Calculator



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6 Looking at cost by condition

① In-network costs

② Out-of-network costs

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Looking at cost by condition

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In-Network Costs for Person 1, Condition 1

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The table below shows estimates of your total annual cost to treat Condition 1 in the plans available to you. These estimates represent average costs for people similar to you* if you receive all of your care within the health plan's network.

For example, the number in the upper left corner - \$20 - is the amount you would pay to treat medical Condition 1 if you chose PPO and your condition required very low use of services during the next year. The number just above the number in the bottom right corner - \$350 - is the amount you would pay to treat medical Condition 1 if you chose Mixed-Model HMO and your condition required very high use of services.

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In-Network Costs for Treating Condition 1 for People Like Person 1

Estimates of your total annual health care cost to treat Condition 1 if you receive all of your care within the network of health plans. The table shows the average cost of services and charges that are covered by your health insurance plan.

	Very Low Use (0-20%)*	Low Use (20-40%)*	Moderate Use (40-60%)*	High Use (60-80%)*	Very High Use (80-100%)*
PPO	\$20	\$150	\$600	\$1,300	\$2,400
Staff-Model HMO	\$10	\$50	\$100	\$200	\$350
Mixed-Model HMO	\$10	\$50	\$100	\$200	\$350
No insurance	\$100	\$500	\$1,500	\$3,000	\$10,000

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* Similar in terms of age, sex, and medical condition.

** We divided the distribution of use of services to treat Condition 1 into quintiles, ranging from the lowest 20% of use to the highest 20% of use. "Very low use" is thus defined as level of use falling in the lowest 20% of the distribution of use for treating Condition 1.

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FIG 22

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Health Cost Calculator



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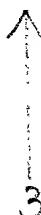
4 Consider how much care you may need

5 Compare your costs

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• In-network costs

• Out-of-network costs



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Out-of-Network Costs

What if you use a doctor or hospital **outside of your plan's network** to treat a particular medical condition?

PPO plans include out-of-network coverage as part of the benefit package. HMO plans, however, do not cover out-of-network care at all; if you go to a doctor outside the HMO network, you must pay all of the bills yourself.

The links below will take you to tables which show estimates of the total annual cost to treat different medical conditions in the plans available to you. These estimates assume you and your family receive all of your care **outside of the health plan's network**.

The medical conditions listed for each family member are those you entered in Step 2.

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Person	Condition 1	Condition 2	Condition 3
Person 1	Condition 1	Condition 2	Condition 3
Person 2	Condition 1	Condition 2	Condition 3
Person 3	no medical conditions		

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FIG 23

Health Cost Calculator



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In-network costs

Out-of-network costs



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Looking at cost by condition

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Out-of-Network Costs for Person 1, Condition 1

The table below shows the costs associated with receiving all your care for treating Condition 1 from out-of-network health care providers. These estimates represent average costs for people similar to you*.

For **PPO**, the table is based on the assumption that you use out-of-network providers, but that hospitalizations and outpatient surgery take place in network. For **Staff-Model HMO** and **Mixed-Model HMO**, the table is based on the assumption that all care is provided out-of-network (because these plans provide no regular out-of-network benefit). If you use a mix of in-network and out-of-network providers, your costs will fall somewhere between those shown in the Out-of-Network Costs table below and the In-Network Costs table on the previous page. In **PPO**, if you use out-of-network hospitals or outpatient surgery centers, your costs will be higher than those shown in the Out-of-Network Costs table below.

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Out-of-Network Costs for Treating Condition 1 for People Like You					
	Very Low Use (0-20%)	Low Use (20-40%)	Moderate Use (40-60%)	High Use (60-80%)	Very High Use (80-100%)
PPO	\$40	\$250	\$800	\$1,500	\$4,000
Staff-Model HMO	\$100	\$500	\$1,500	\$3,000	\$10,000
Mixed-Model HMO	\$100	\$500	\$1,500	\$3,000	\$10,000
No insurance	\$100	\$500	\$1,500	\$3,000	\$10,000

* Similar in terms of age, sex, and medical condition.

** We divided the distribution of use of services to treat Condition 1 into quintiles, ranging from the lowest 20% of use to the highest 20% of use. "Very low use" is thus defined as level of use falling in the lowest 20% of the distribution of use for treating Condition 1.

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FIG. 24

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